

**CITY OF MARTINSVILLE, INDIANA
WATER CONNECTION AND
SANITARY SEWER CONTRIBUTION INFORMATION
AND FEE DETERMINATION FORM**

Applicant name (entity requesting service): _____

Address of applicant: _____

Address of property to be served: _____

Current zoning classification: _____

Describe use, including but not limited to: retail sales; general office; restaurant; including fast or carry out foods; grocery; convenient store; gasoline station; professional office, doctor, dentist, clinic, hospital or nursing home; barber or beauty shop; service club, church, civic or fraternal organization; school, college, daycare or library; stage or movie theater; hotel, motel, apartments (more than four units); assisted living or retirement center; car wash; self service laundry; correctional facility, jail or prison; industrial, manufacturing, warehousing; service or repair, dry cleaners, body shop, engine repair, brake/muffler, computer, electronics, contractors, or appliances; recreational facility, picnic areas, campground, racetrack, sport park, open-air stage. **IF MULTIPLE USE DESCRIBE ALL USES!**

Check if there are kitchen facilities _____ Check if there is a bar or bar area _____

Check if there are showers or shower facilities _____

Seating capacity (restaurant, theater, church, service club): _____ Number of restrooms: _____

Number of chairs, beds, exam tables (barber, beauty, doctor, dentist, clinic, hospital): _____

Total number of employees, students, children, teachers, residents, avg. attendance (race track, sport park, open-air stage): _____

Number of: rooms (hotel/motel), bays (car wash), machines (laundry), car spaces (drive-in restaurant), inmates (jail or prison), visitors (picnic area, fairgrounds), campsites (campground): _____

Number of parking spaces: _____ Hours of operation: _____ Number of shifts: _____

Building area (square feet) for (retail sales, occupied space (excluding storage)): _____

Restaurant area (square feet): _____ Other use area (list use under remarks): _____

Size of water service requested: _____ Check if fire service main required _____

Remarks: _____

Signature of Applicant

Date of Application

Printed Name of Applicant